#### **APPLICATION DATA SHEET**

#### **Application Information**

Application number:: 09/938,864

Filing Date:: 08/24/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Yes

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title :: COMPOSITIONS AND METHODS FOR WT1

SPECIFIC IMMUNOTHERAPY

Attorney Docket Number:: 210121.465C5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 32

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: NIH SBIR

Contract or Grant No:: IR43 CA81752-01A1

Secrecy Order in Parent Appl.?:: No



#### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Alexander

Middle Name::

Family Name:: Gaiger

Name Suffix::

City of Residence:: Vienna

State or Province of Residence::

Country of Residence:: Austria

Street of mailing address:: Doeblinger Hauptstrasse 62/14

City of mailing address:: Vienna

State or Province of mailing address::

Country of mailing address:: Austria

Postal or Zip Code of mailing address:: A-1190

#### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Patricia

Middle Name:: D.

Family Name:: McNeill

Name Suffix::

City of Residence:: Federal Way

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 1333 South 290th Place

City of mailing address:: Federal Way

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98003

#### **Third Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Molly

Middle Name:: D.

Family Name:: Smithgall

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 7217 28th Avenue Northeast

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98115

## **Fourth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Gus

Middle Name::

Family Name:: Moulton

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 7026 23rd Avenue Northeast

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98115

### Fifth Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: S.

Family Name:: Vedvick

Name Suffix::

City of Residence:: Federal Way

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 124 South 300th Place

City of mailing address:: Federal Way

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98003

#### **Sixth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Paul

Middle Name:: R.

Family Name:: Sleath

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 1623 Eighth Avenue West

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98119

#### **Seventh Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom

Status:: Full Capacity

Given Name:: Sally

Middle Name:: P.

Family Name:: Mossman

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 818 Northwest 59th Street

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98107

### **Eighth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Lawrence

Middle Name:: S.

Family Name:: Evans

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 3609 Southwest Holly Street

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98126

## **Ninth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: A.

Middle Name:: Gregory

Family Name:: Spies

Name Suffix::

City of Residence:: Shoreline

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 19018 18th Avenue Northeast

City of mailing address:: Shoreline

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98155

## **Tenth Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeremy

Middle Name::

Family Name:: Boydston

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 5210 Woodlawn Avenue North

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98104

| Correspondence Information              |                   |     |                      |                      |  |
|---|-------------------|-----|----------------------|----------------------|--|
| Correspondence Customer Number ::       |                   | 005 | 00                   |                      |  |
| Name::                                  |                   |     |                      |                      |  |
| Street of mailing address::             |                   |     |                      |                      |  |
| City of mailing address::               |                   |     |                      |                      |  |
| State or Province of mailing address::  |                   |     |                      |                      |  |
| Country of mailing address::            |                   |     |                      |                      |  |
| Postal or Zip Code of mailing address:: |                   |     |                      |                      |  |
| Phone number::                          |                   |     |                      |                      |  |
| Fax Number:                             |                   |     |                      |                      |  |
| E-Mail address::                        |                   |     |                      |                      |  |
| Representative Information              |                   |     |                      |                      |  |
| Representative Customer Number::        |                   |     |                      | 00500                |  |
| Domestic Priority Information           |                   |     |                      |                      |  |
| Application ::                          | Continuity Type:: |     | Parent Application:: | Parent Filing Date:: |  |
|   |                   |     |                      |                      |  |
|   |                   |     |                      |                      |  |
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# Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           | ·                    |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

# **Assignee Information**

| Assignee name::                         | Corixa Corporation              |  |
|---|---------------------------------|--|
| Street of mailing address::             | 1124 Columbia Street, Suite 200 |  |
| City of mailing address::               | Seattle                         |  |
| State or Province of mailing address::  | WA                              |  |
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